

Foster Family Home - Corrective Action Report

Provider ID: 1-587446

Home Name: Rosalina Balmilero, CNA

Review ID: 1-587446-9

94-817 Hoku Place

Reviewer: Jackie Chamberlain

Waipahu

HI 96797

Begin Date: 9/24/2020

Foster Family Home Required Certificate [11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6(d)(1) Home inspection made for a 3 bed re-certification. Corrective action report issued during home visit with corrective action plan due to CTA within 30 days of inspection

Foster Family Home Quality Assurance [11-800-50]

50.(e) The home shall be subject to investigation by the department at any time. The investigation may be announced or unannounced and may include, but is not limited to, one or more of the following:

Comment:

50 e The home has a gate at the sidewalk that lacks a communication method to the home for quick access into the home

Foster Family Home Client Rights [11-800-53]

53.(b)(15) Have daily visiting hours and provisions for privacy established:

Comment:

53.(b)(15) visiting hours in policy and procedure state limited hours. Per "My choice my way" visiting hours cannot be restricted

Foster Family Home Records [11-800-54]

54.(c)(5) Medication schedule checklist:

Comment:

54.(c)(5) client # 2 a fungal cream was ordered for "2 weeks" in May, no signed MD order to continue (and client continues to have the rash from scratching)

Jackie Chamberlain RN
Compliance Manager

Rosalina L. Balmilero
Primary Care Giver

9/24/20
Date

9/24/20
Date

CTA RN Compliance Manager: Terri Van Houten RN/ Jackie Chamberlain RN

Community Care Foster Family Home (CCFFH) Written Corrective Action Plan (CAP)

PCG's Name on CCFFH Certificate: Rosalina Balmilero

CCFFH Address: 94-817 Hohiu Place, Waipahu, HI 96797

Chapter 11-800

Rule Number	Corrective Action Taken – How was each issue fixed for each violation?	Date each violation was fixed	Prevention Strategy – How will you prevent each violation from happening again in the future?
50 e	CG#1 Bought doorbell for the gate and installed by the family member.	10/20/20	In the future, home will asked CTA to identify more requirements needed.
53(b)(15)	New visiting hours form were filled in both client's chart.	10/20/2020	Attend more meetings and inservices for more information needed for the changes of the rules and regulations.
54(c)(15)	Medication discrepancy was corrected by client's CMA RN, MD and CG#1 on client #2 Medication Administration Record.	09/24/2020	CG#1 will check medication orders bottles and Medication Administration Record to make sure that all match prior to giving new medication. Home will notify CMA, MD or Pharmacy if they are different.

☒ All items that were fixed are attached to this CAP

PCG's Signature: *Rosalina L. Balmilero*

Date: *10-20-2020*

☒ CTA has reviewed all corrected items